

# CLAIMS ONLY

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/								
2		/							
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TOTAL IND.	2								
TOTAL DEP.	18								
TOTAL CLAIMS	20								
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TOTAL IND.									
TOTAL DEP.									
TOTAL CLAIMS									

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS